

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 37925
Registrar's No. 10345

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Frisco Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Howard Tice

3. (b) If veteran, no name war 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Tillie Tice 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 5 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Road

11. Industry or business Frisco R.R.

12. Name Bemton Tice

13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Boren

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Y Tillie Tice

(b) Address 7417 Elm Ave. Maplewood

17. (a) Burial (b) Date thereof Nov. 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) NOV 26 1943 (b) J. F. Boren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL") NR3
(d) Street No. 7417 Elm Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 26
year 1943 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov. 22
19 43 to Nov 26 19 43
that I last saw him alive on Nov. 26 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Heart Disease

Due to _____

Due to _____

Other conditions Pernicious Anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (Means of injury)

23. Signature Edward T. Canwell M.D.

Address 496 1/2 11th St. Date signed 11/26/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

....., Registered Apprentice No.,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.